



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

GENERAL INSTRUCTIONS FOR FILING
LETTER OF INTENT/PUBLICATION OF INTENT TO FILE A CERTIFICATE OF
NEED APPLICATION

Please read the following instructions, the Rules and Regulations of the Agency, and Tennessee Code Annotated, §68-11-1601 *et seq.*, prior to preparation of the letter of intent/publication of intent (LOI/POI).

REVIEW CYCLES: A review cycle is no more than sixty (60) days. The review cycle begins on the first day of each month.

COMMUNICATIONS: All documents for filing an LOI/POI with the Health Services and Development Agency must be received at the Agency office located at The Andrew Jackson Building, Ninth Floor, 502 Deaderick Street, Nashville, Tennessee 37243, during normal business hours. For the purpose of filing LOI/POIs, the filing date is the actual date of receipt in the Agency office. These documents, as well as other required documents must be received as original, signed documents in the Agency office. Fax and e-mail transmissions **will not** be considered to be properly filed documentation. In the event that the last appropriate filing date falls on a Saturday, Sunday, or legal holiday, such filing should occur on the preceding business day. All documents are to be filed with the Agency in ***triplicate***.

LETTER OF INTENT: Applications shall be commenced by the filing of a Letter of Intent. The Letter of Intent must be filed with the Agency between the first day and the tenth day of the month prior to the beginning of the review cycle in which the application is to be considered. This allowable filing period is inclusive of both the first day and the tenth day of the month involved. The Letter of Intent must be filed in the form and format as set forth in the application packet.

Any Letter of Intent that fails to include all information requested in the Letter of Intent specific instructions and form, or is not timely filed, will be deemed void and the applicant will be notified in writing. The Letter of Intent may be refiled but, if refiled, is subject to the same requirements as set out above.

PUBLICATION OF INTENT: Simultaneously with the Letter of Intent filing, the Publication of Intent should be published for one day in a newspaper of general circulation in the county where the proposed project is to be located. The Publication of Intent must be in the form and format as set forth in the application packet. The Publication of Intent should be placed in the Legal Section in a space no smaller than four (4) column inches. Publication must occur between the first day and the tenth day of the month, inclusive.

1. A "newspaper of general circulation" means a publication bearing a title or name, regularly issued at least as frequently as once a week for a definite price, having a second-class mailing privilege, being not less than four (4) pages, published continuously during the immediately preceding one-year period, which is published for the dissemination of news of general interest, and is circulated generally in the county in which it is published and in which notice is given.
2. In any county where a "newspaper of general circulation" does not exist, the Agency's Executive Director is authorized to determine the appropriate publication to receive any required Letter of Intent. A newspaper which is not engaged in the distribution of news of general interest to the public, but which is primarily engaged in the distribution of news of interest to a particular group of citizens, is not a "newspaper of general circulation."

3. In the case of an application for or by a home care organization, the Publication of Intent must be published in each county in which the agency will be licensed or in a regional newspaper which qualifies as a newspaper of general circulation in each county. In those cases where the Publication of Intent is published in more than one newspaper, the earliest date of publication shall be the date of publication for the purpose of determining competition deadlines and filing the application.

PROOF OF PUBLICATION Documentation of publication must be filed with the application form. Please submit proof of publication with the application by attaching either the full page of the newspaper in which the notice appeared, with the ***mast and dateline intact***, or a publication affidavit supplied by the newspaper.

SIMULTANEOUS REVIEW Those persons desiring a simultaneous review for a Certificate of Need for which a Letter of Intent has been filed should file a Letter of Intent with the Agency and the original applicant (as well as any other applicant filing a simultaneous review), and should publish their Letter of Intent concurrently in a newspaper of general circulation in the same county as the original applicant. The publication of the Letter of Intent by the applicant seeking simultaneous review must be published within ten (10) days after publication by the original applicant.

INSTRUCTIONS SPECIFIC TO COMPLETION OF LETTER OF INTENT/PUBLICATION OF INTENT FORMS

1. Immediately following identification of the applicant, existing facilities **must identify** the applicant's type of health care institution, (e.g., hospital, nursing home, ambulatory surgical treatment center, outpatient diagnostic center), as defined in Tennessee Code Annotated, §68-11-1602 (8)(A) or as a professional private practice as defined in Tennessee Code Annotated, §68-11-1602 (8)(B)(iii). Applicants proposing new facilities should put "NA" in this space.
2. Ownership type may include but is not limited to: Sole Proprietorship, Partnership, Limited Partnership (LP), Corporation (Inc.), Governmental (State of TN or Political Subdivision), Limited Liability Company (LLC), Professional Corporation (PC), Professional Limited Liability Company (PLLC), Joint Venture.
3. For applicants proposing new facilities, project description **must begin** with an establishment of a health care institution (e.g., hospital, nursing home, ambulatory surgical treatment center, outpatient diagnostic center) as defined in Tennessee Code Annotated, §68-11-1602 (8)(A).
4. Project description should include a brief discussion including services to be provided or affected.
5. The location of the proposed project **must be** included with identification of street address, if available, or description of location, e.g. distance from intersection of two roads, and city/town.
6. If applicable, identify total number of beds affected, licensure proposed for such beds, and intended uses.
7. If applicable, include the initiation of health care services as identified in Tennessee Code Annotated, §68-11-1607(4)
8. If applicable, include the acquisition of major medical equipment as defined in Tennessee Code Annotated, §68-11-1607(6)
9. All LOI/POIs **must include** a project cost. Project cost **must be** at least \$3,000 (minimum CON filing fee).
10. For home care organizations, list all proposed counties and existing/licensed counties.



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

LETTER OF INTENT

The Publication of Intent is to be published in the _____ which is a newspaper
(Name of Newspaper)
of general circulation in _____, Tennessee, on or before _____, 20____,
(County) (Month / day) (Year)
for one day.

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

(Name of Applicant) (Facility Type-Existing)
owned by: _____ with an ownership type of _____
and to be managed by: _____ intends to file an application for a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]: _____

The anticipated date of filing the application is: _____, 20____

The contact person for this project is _____
(Contact Name) (Title)
who may be reached at: _____
(Company Name) (Address)

(City) (State) (Zip Code) / (Area Code / Phone Number)

(Signature) (Date) (E-mail Address)

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.



State of Tennessee
Health Services and Development Agency

Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

www.tn.gov/hsda

Phone: 615-741-2364

Fax: 615-741-9884

PUBLICATION OF INTENT

The following shall be published in the "Legal Notices" section of the newspaper in a space
no smaller than two (2) columns by two (2) inches.

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. § 68-11-1601 *et seq.*, and the Rules of the Health Services and Development Agency, that:

_____, _____, _____
(Name of Applicant) (Facility Type-Existing)

owned by: _____ with an ownership type of _____

and to be managed by: _____ intends to file an application for a Certificate of Need
for [PROJECT DESCRIPTION BEGINS HERE]: _____

The anticipated date of filing the application is: _____, 20 _____

The contact person for this project is _____
(Contact Name) (Title)

who may be reached at: _____
(Company Name) (Address)

(City) (State) (Zip Code) (Area Code / Phone Number)

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted.
Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

=====